

Exceptional Family Member Program

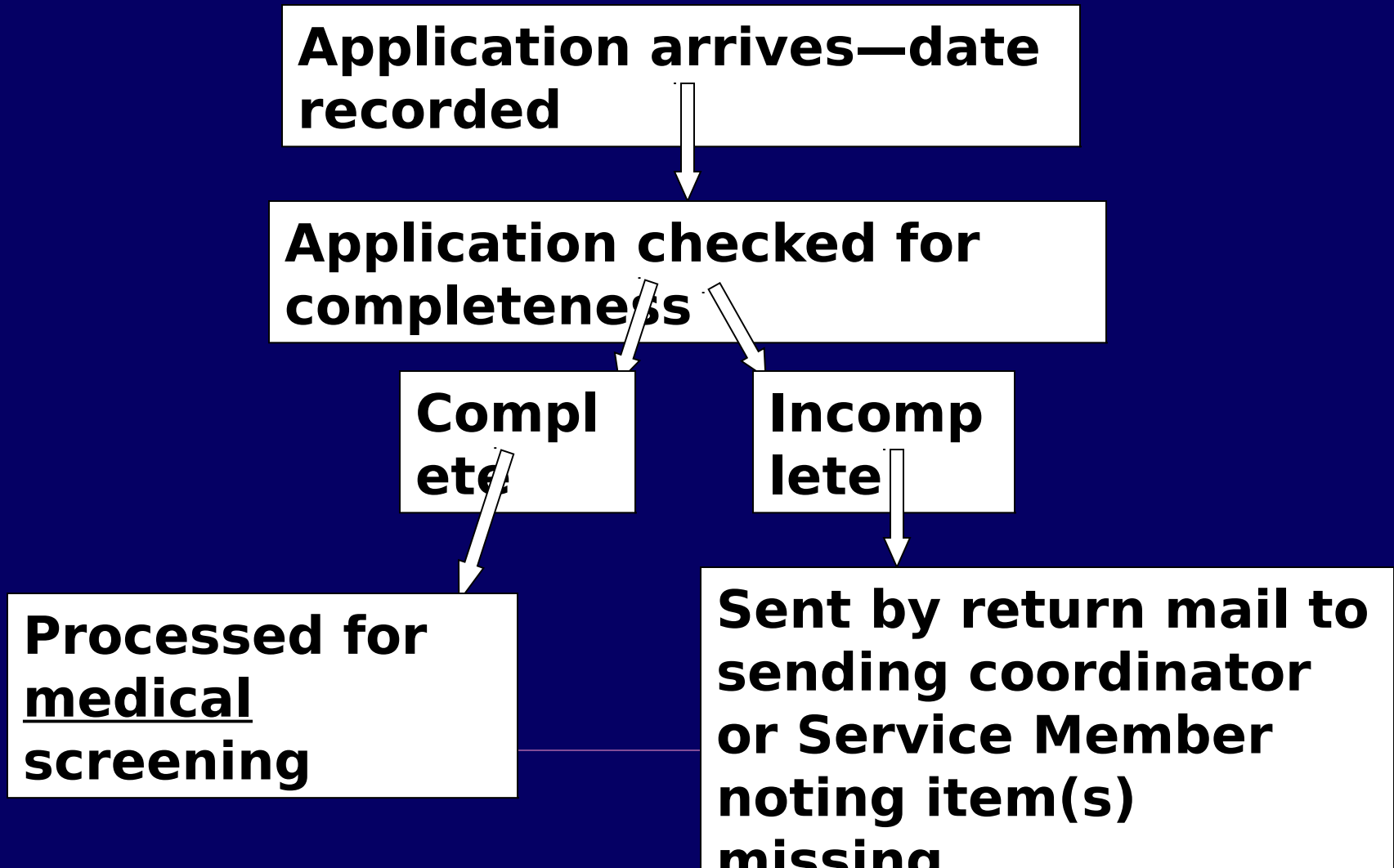
News and Data
from your



East Coast
Central Screening Committee

CAPT Faye M. Pyles

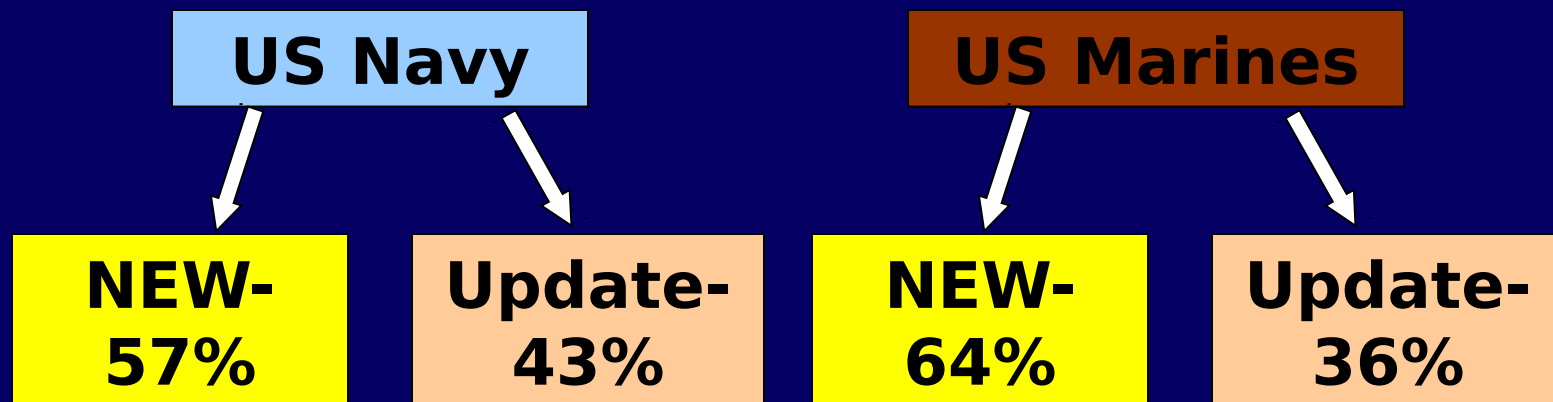
East Coast Central Screening Committee



ECCSC Application Data

May 2004-2005

- 4077 total applications processed
 - 3096 US Navy (76%)
 - 981 US Marine Corps (34%)
- Average per month = 340

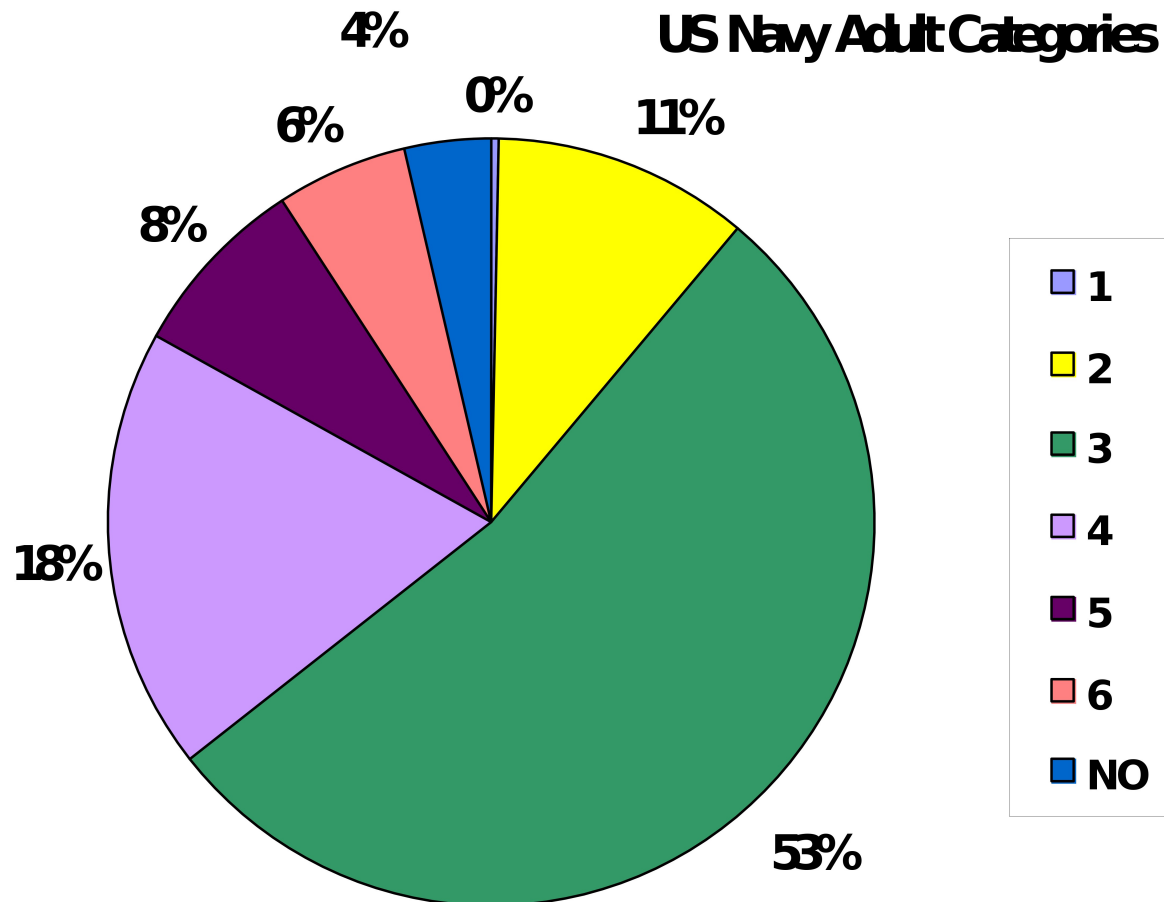


ECCSC Application Data

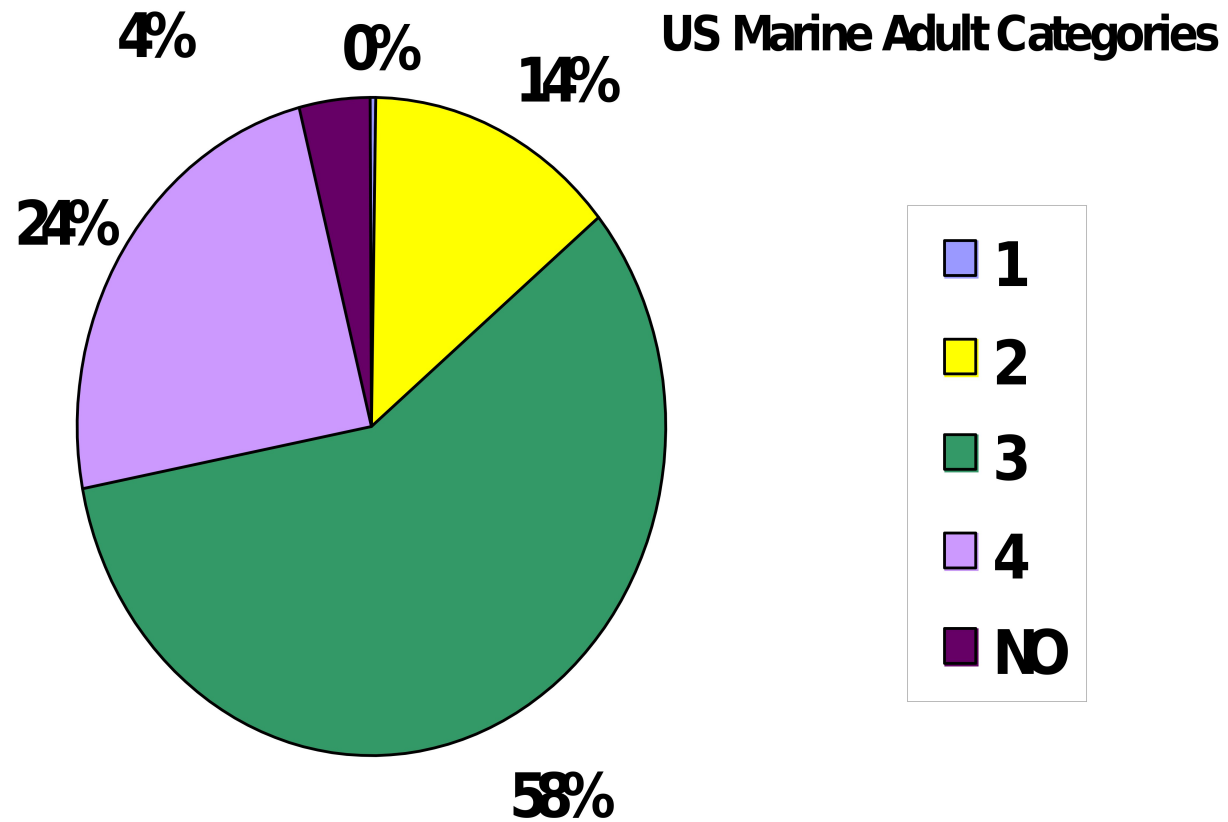
May 2004-2005

- US Navy
 - 2025 applications for children (69%)
 - 904 were for adults (31%)
 - US Marines
 - 653 applications were for children (69%)
 - 299 were for adults (31%)
-

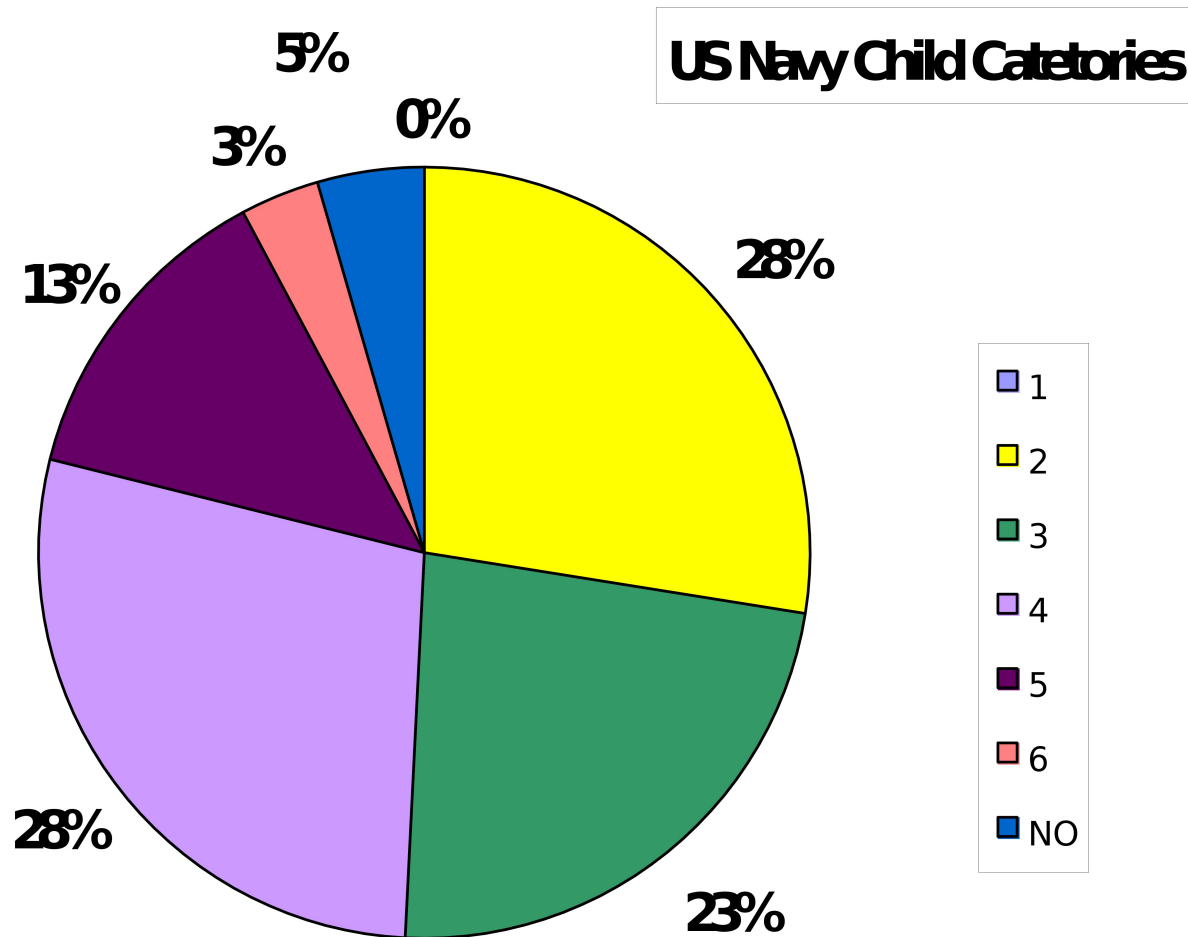
US Navy Adult Categories



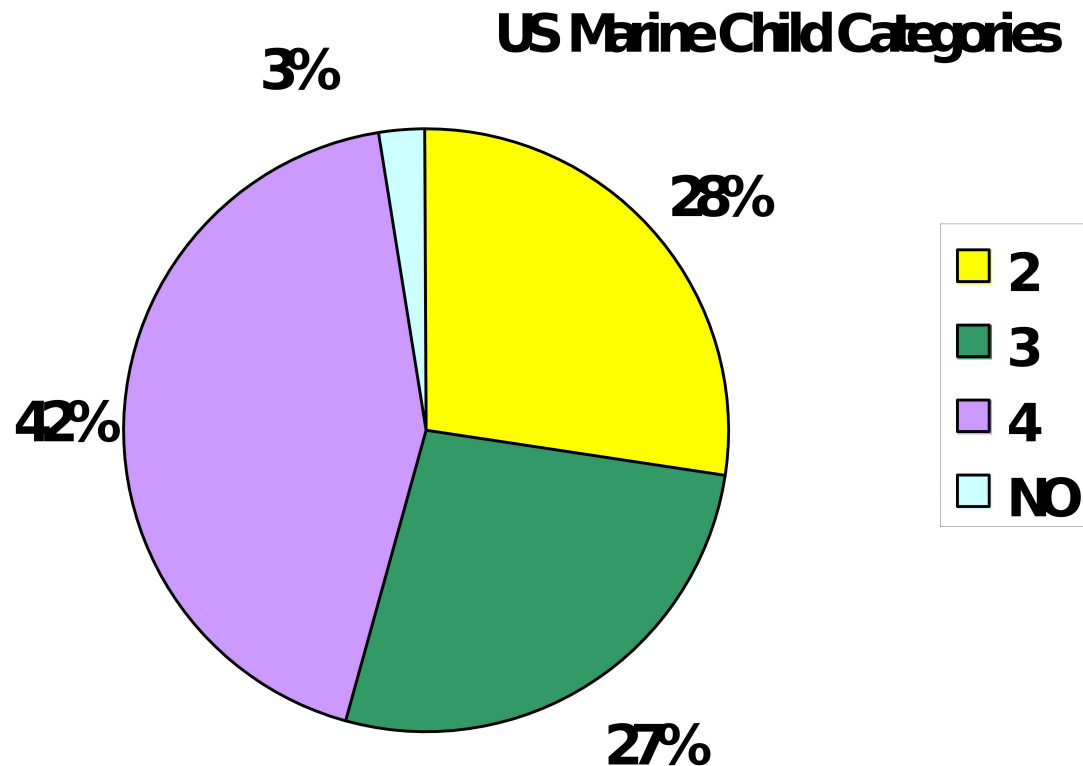
US Marine Adult Categories



US Navy Child Categories

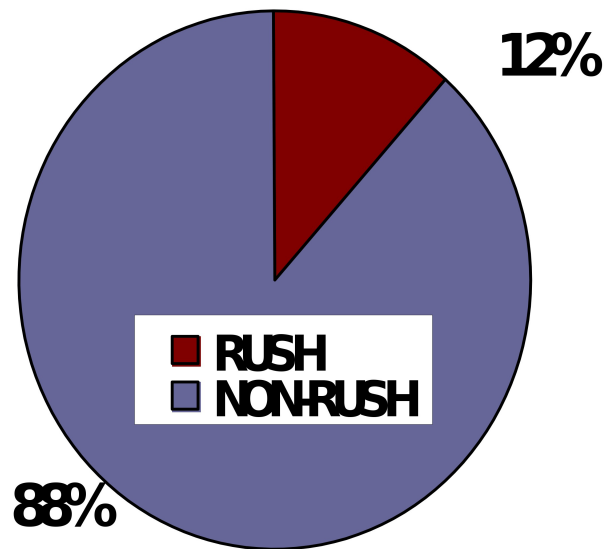


US Marine Child Categories

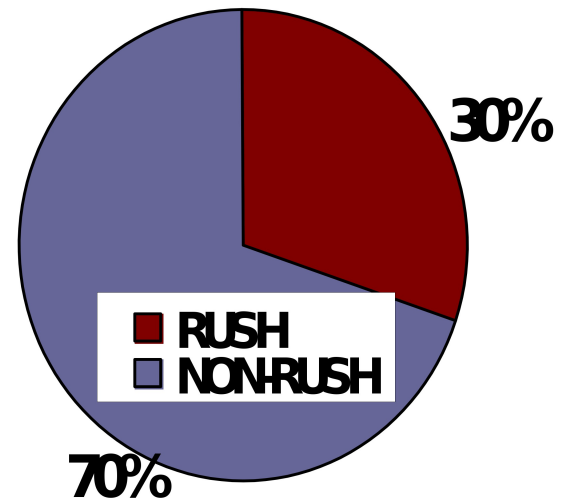


% "RUSH" requests by service

**US Marines %RUSH
Applications**



**US Navy % RUSH
Applications**

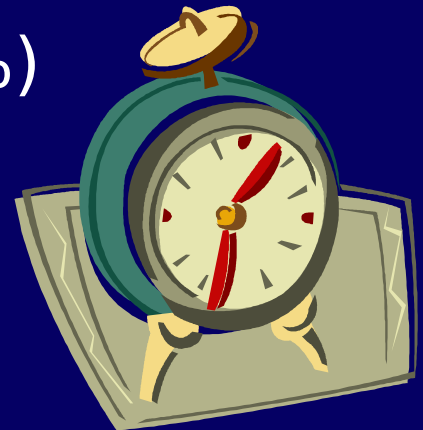


□ USMC usually runs only
~ 5-7%

□ On par for Navy

Why the Rush?

- US Navy-(936 total apps)
 - No Reason stated-532 (69%)
 - Early Return to CONUS-66 (9%)
 - HUMS-66 (8%)
 - Housing-4 (1%)
 - “Orders”-57 (7%)
 - Requested by Millington-16 (2%)
 - Overseas Screen-31 (4%)



Why the Rush?

- US Marines-(114 total apps)
 - No Reason stated-79 (67%)
 - Early Return to CONUS-5 (4%)
 - HUMS-3 (3%)
 - Housing-1 (1%)
 - “Orders”-17 (14%)
 - Overseas Screen-7 (6%)



Average Processing Times

- May04-May05
 - Average screening time for “Rush”
 - 5 days
 - Average screening time for Non-Rush
 - 8 days
 - In past, these numbers have been “4” and “7”
 - Is it REALLY worth the RUSH for the 3 DAYS?
-

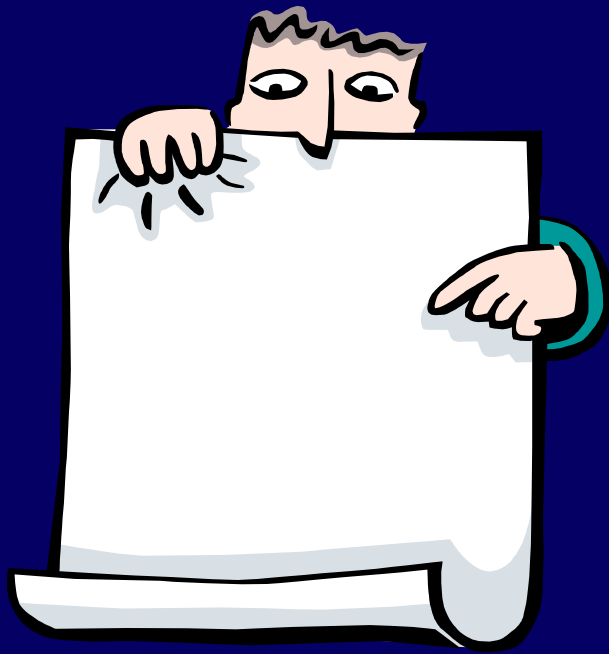
USN Incomplete Applications

- Navy Applications—226 (7%)
 - MISSING SPECIAL ED FORM!
 - 106 (48%)
 - Missing IEP if applicable
 - 54 (24%)
 - NO MEDICAL SUMMARY AT ALL—JUST EDUCATIONAL INFO
 - 57 (27%)
 - No provider signature (*how are we to know that the EFM didn't complete this?*)
 - 4 (2%)
-

USMC Incomplete Applications

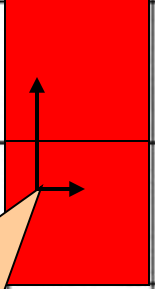
- US Marine Applications—13 (1%)
 - NO MEDICAL SUMMARY
 - 6 (46%)-
 - Missing IEP if applicable
 - 6 (46%)
 - Missing Special Education Form
 - 1 (8%)
-

A Few Requests....



- Some attention to some particular portions of the applications....

Page 3...Medications..ICD codes

b. TELEPHONE NUMBERS <i>(Include Area Code)</i>			b. E-MAIL ADDRESS	
(1) COMMERCIAL	(2) DSN	(3) FAX NUMBER		
PART B - PATIENT STATUS <i>(To be completed by provider)</i>				
3. DIAGNOSIS(ES) Please complete as accurately as possible using ICD-9-CM or DSM IV.				
a. CURRENT ACTIVE DIAGNOSIS	b. SEVERITY: A - MILD B - MODERATE C - SEVERE	c. ICD OR DSM	d. MEDICATIONS AND SPECIAL THERAPIES	
ADHD	C			
ODD	C			

If your staff doesn't provide the ICD codes, Tammy Gallager and Lorri Staples look them up

Must we guess? This may result in a higher category..

History of Cancer?

MEDICAL SUMMARY (Continued)		
PATIENT NAME	SPONSOR SSN	FAMILY MEMBER PREFIX
7. HISTORY OF CANCER OR LEUKEMIA		
<input checked="checked" type="checkbox"/> YES	IF YES, SPECIFY PROJECTED TREATMENT NEEDS:	
<input type="checkbox"/> NO		

In most cases, 5 years cancer-free is considered “cure”. Prior to that point, patients need to be followed very closely, even if treatment is completed.

- We will return the application if treatment completion (or date of surgical resection) is not included;

MEDICAL SUMMARY (Continued)							
PATIENT NAME				SPONSOR SSN		FAMILY MEMBER PREFIX	
PART C - REQUIRED CARE (To be completed by provider)							
11. MINIMUM HEALTH CARE SPECIALTY REQUIRED FOR CARE							
INDICATE THE FREQUENCY OF CARE: A - ANNUALLY B - BIANNUALLY Q - QUARTERLY M - MONTHLY W - WEEKLY							
(1) CARE PROVIDER (X as appropriate)			(2) FREQUENCY	(1) CARE PROVIDER (X as appropriate)			(2) FREQUENCY
C01		a. ALLERGIST		C57		ee. PAIN CLINIC	
C52		b. AUDIOLOGIST		C30		ff. PEDIATRICIAN	
C02		c. CARDIOLOGIST		C31		gg. PEDODONTIST	
C03	X	d. CARDIOLOGIST - PEDIATRIC		C32		hh. PHYSIATRIST	
C05		e. DERMATOLOGIST		C58		ii. PHYSICAL THERAPIST	
C06		f. DEVELOPMENTAL PEDIATRICIAN					
C53		g. DIALYSIS TEAM					
C07		h. DIETARY/NUTRITION SPECIALIST					
C08		i. ENDOCRINOLOGIST - ADULT					
C09		j. ENDOCRINOLOGIST - PEDIATRIC					
C10		k. FAMILY PRACTITIONER					
C11		l. GASTROENTEROLOGIST - ADULT					
C12		m. GASTROENTEROLOGIST - PEDIATRIC					
C13		n. GENERAL MEDICAL OFFICER		C39		rr. RHEUMATOLOGIST	
C15		o. GYNECOLOGIST		C40		ss. RHEUMATOLOGIST - PEDIATRIC	
C17		p. HEMATOLOGIST/ONCOLOGIST		C61		tt. SOCIAL WORKER	
C18		q. HEMATOLOGIST/ONCOLOGIST - PEDIATRIC		C62		uu. SPEECH AND LANGUAGE PATHOLOGIST	

**Yes, but don't forget
to tell us HOW
OFTEN THE CHILD
NEEDS TO SEE THE
PEDS CARDIOLOGIST
(see codes above).**

Asthma Worksheet

4. HISTORY ASSOCIATED WITH ASTHMA ATTACKS (<i>X as applicable</i>)		
YES	NO	
		a. ARE THERE ANY TRIGGERS FOR THE FAMILY MEMBER'S ASTHMA ATTACKS (<i>stress, environment, etc.</i>)?
		b. DOES THE FAMILY MEMBER ROUTINELY (<i>greater than 10 days per month/four months per year</i>) USE INHALANT CORTICOSTEROID AGENTS AND/OR BRONCHODILATORS?
X		c. HAS THE FAMILY MEMBER TAKEN ORAL STEROIDS DURING THE PAST YEAR (<i>prednisone, prednisolone</i>)? IF YES, NUMBER OF DAYS IN PAST YEAR: <input type="text"/>
		d. HAS THE FAMILY MEMBER EVER EXPERIENCED UNCONSCIOUSNESS OR SEIZURES ASSOCIATED WITH ASTHMA?
		e. HAS THE FAMILY MEMBER REQUIRED AN URGENT VISIT TO THE ER OR CLINIC FOR ACUTE ASTHMA DURING THE PAST YEAR? IF "YES", INDICATE THE NUMBER OF VISITS IN THE PAST YEAR: <input type="text"/>
		f. HAS THE FAMILY MEMBER BEEN HOSPITALIZED FOR PULMONARY DISEASE (<i>pneumonia, bronchitis, bronchiolitis, croup, RSV</i>) DURING THE PAST YEAR? IF "YES", INDICATE THE DATE(S) OF HOSPITALIZATION (YYYYMMDD): <input type="text"/>
X		g. DOES THE FAMILY MEMBER HAVE A HISTORY OF ONE OR MORE HOSPITALIZATIONS FOR ASTHMA RELATED CONDITIONS WITHIN THE PAST 5 YEARS? IF "YES", HOW MANY? <input type="text"/> INDICATE DATE OF LAST ADMISSION (YYYYMMDD): <input type="text"/>
		h. HAS THE FAMILY MEMBER REQUIRED MECHANICAL VENTILATION (<i>Intubation/use of respirator</i>) DURING THE PAST 3 YEARS?

If EFM has taken steroids in past year, please indicate # days ... it is an indication of disease severity.

Please note # hospitalizations and date of last.

HELP US by making Apps Complete!

- Include ICD Codes
 - Make sure medications are listed
 - LEGIBILITY is good—if you can't read it, then we probably can't (although Tammy is almost masterful...)
 - Don't forget the Asthma worksheet
 - ...Or the mental health worksheet (when applicable)
-

HELP US by making Apps Complete!

- The Special Education Worksheet
 - School personnel DO work in the summertime...
 - Why needed in a child with asthma?
 - Child may also have an IEP and the child's PCM may not be aware...
 - This information is critical for planning success at future station
 - Surprisingly enough...parents do not always share this information willingly...
-

HELP US by making Apps Complete!

- The Medical Form
 - Why needed in a child with only special ed?
 - Child may also have an medical problems that the ***school/therapists are unaware of...***
 - This information is critical for planning success at future station
 - Surprisingly enough...parents do not always share this information willingly...
-

Points of Contact

- The person(s) that holds it all together
 - Tammy Gallagher
 - Lorri Staples (when Tam is away or out)
tdgallagher@mar.med.navy.mil
email is preferred (for coordinators only)
757-953-5900

Final Words from your EAST COAST SCREENING COMMITTEE

- We appreciate ALL that you all do for our exceptional families everywhere—THANK YOU!
 - Remember, we are a MEDICAL screening committee-and we make RECOMMENDATIONS only (when there are family, housing, etc. issues, this is when PERS and HUMS become involved.
 - PLEASE, PLEASE do NOT give our phone numbers out to Service members. If they are not pleased with a recommendation, refer them to PERS.
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